

ERIE COUNTY REQUEST FOR PROPOSALS (RFP)

Child and Family Clinic-Plus

Purpose

The purpose of this RFP is to implement the New York State Office of Mental Health's Child and Family Clinic-Plus program in Erie County. In issuing this RFP, the Erie County Department of Mental Health seeks to develop a series of enhanced partnerships with provider agencies and other providers of services to children, youth and families in such a way as to promote the early identification of children and youth at risk of developing a serious emotional disturbance or severe behavioral disorder and to expand the delivery of evidence based practices to effectively respond to the needs of these children and youth. Through this process, the Department of Mental Health is also seeking to enhance the development of a comprehensive and integrated system of care for all children and youth involved in the mental health, social services, health, educational and juvenile justice systems. As a partner with these systems, the provider of Child and Family Clinic-Plus Services will be expected to implement strategies and practices consistent current science and in a culturally competent manner.

Background Information

The Erie County Family Voices SAMHSA Grant has multiple goals and objectives. Central to the overall success of a system of care approach is the strength of the relationships between the various child care serving systems. This strength is often subjectively measured by the various systems as to the extent to which they perceive their needs and the needs of the children, youth and families served by that system are successfully addressed. One key to the success of these efforts will be the quality of the relationship that is developed between the providers of Child and Family Clinic-Plus and the various hosting / supporting systems.

Inherent in the success of the Child and Family Clinic-Plus initiative and the broader development of a system of care approach is extent to which the service providers are able to successfully change daily practice. Underlying these changes in daily practice are the abilities to engage children, youth and families in timely, targeted and culturally competent services. Beyond engagement, the providers of Child and Family Clinic-Plus services will have to expand the clinical core competencies of their respective staffs to include evidence-based practices.

Clinic treatment has been the foundation of the public mental health system for over thirty years. Each year, thousands of children and families are served in clinic treatment. This presents a unique opportunity to demonstrate the impact that a transformation in State policy, financing and regulation can make at the local operational level. The structure and financing of the clinic treatment programs have remained constant and have not kept pace with findings generated by decades of scientific study in the recognition, diagnosis and treatment of childhood mental illness. Currently, clinic services are very

structured, designed to be delivered within an office-based setting requiring children and families to self-identify.

To effectively address the mental health needs of children and their families in a timely manner, services need to be readily available and provided in a larger variety of settings. In order to achieve this shift in service provision, the New York State Office of Mental Health (OMH) has recognized the need for changes to be made to current clinic service structure and funding to improve access to effective and flexible services. Building on the knowledge that early and effective intervention increases the likelihood of positive outcomes; the New York Office of Mental Health also recognized the need to systematically identify childhood mental illness early through screening activities and to improve services by incorporating evidenced-based practices. Additionally, the President's New Freedom Commission's goal to address disparities in mental health services must be considered. These disparities are readily seen through the lenses of culture, race, age and gender. The opportunity to reduce these disparities in the children's mental health system is a long range goal of this effort. When taken together, these actions are expected to result in the transformation of the children's mental health system into one that more effectively addresses the needs of the children and families of New York State and Erie County.

Child and Family Clinic-Plus

The Erie County Department of Metal Health and the New York State Office of Mental Health are seeking to transform local mental health clinics from a passive program waiting for clients to present, to an active program that will intervene earlier in a child's developmental trajectory. Through ***Child and Family Clinic-Plus***, the children's mental health system will adopt a public health approach to the early recognition and treatment of health concerns. With this new approach, there are resources for up to 18,000 children from across Erie County to be screened for emotional disturbance annually. Children in need of treatment will have access to a comprehensive assessment that utilizes the practice guidelines from the American Academy of Child and Adolescent Psychiatry as well as evidence based tools and scales. Children and families requiring treatment will find that Clinic-Plus brings improved access, in-home services, and treatments that have been shown through science to work. The initiative calls for the expansion of clinic services, with a doubling of clinic capacity statewide.

Each ***Child and Family Clinic-Plus*** will work closely with the Department of Mental Health and the New York State Office of Mental Health's Western New York Field Office to ensure that each program meets the programmatic expectations of Clinic-Plus and that local mental health needs are met. Each Clinic-Plus will be licensed by the New York State Office of Mental Health as an outpatient clinic and will be eligible to receive Medicaid rate enhancements and State Aid.

The primary components of Child and Family Clinic-Plus include:

- Broad-based screening in natural environments

- Cultural and Linguistic competence
- Comprehensive assessment
- Expanded clinic capacity
- In-home services
- Evidence Based Treatment

Child and Family Clinic-Plus General Information

This RFP is structured in the following way, the first section will provide general information, the second will provide a description of the priority populations and clusters for the response and the final section will provide the required detail for your Child and Family Clinic-Plus Annual Plan. A strategic decision was made to introduce screening at three levels. The first allocation is directed to broad based screening at specified high need schools primarily within the Buffalo Public School District. A more targeted approach will be introduced through the screening of all children entering preventive and protective services. Lastly, early identification of children will occur in areas with high rates of health disparities for mothers and their young children.

Priority populations:

- a. Broad based screening: Elementary, Middle and High School Students
- b. Targeted screening: Children Entering Preventive and Protective Services
- c. Very Early Identification: Young Children in Early Childhood Education – Child Care-Head Start.

General Information:

1. Only operating certificate numbers that end in “A” will give you access to the Child and Family Clinic-Plus Calculator. If you are applying for multiple priority areas simply use this number to produce a worksheet for each individual RFP response. In the event that you are applying for multiple priority areas, you must print out your Worksheets.
2. A clinic can establish satellite locations in which they do not currently have services.
3. RFP responses must address the language needs of the population being served.
4. RFP responses must address the provider’s capacity to realistically secure additional space needed for expansion.

Erie County Clinic-Plus Allocation

The first step in the allocation methodology for Clinic-Plus resources begins with identifying the number of children/adolescents that the screening program will serve. Screening resources are allocated on a “screening unit” basis within each identified cluster. Erie County has been allocated a total of 18 screening units for Clinic-Plus. Each screening unit is based upon an ideal number of 1,000 children being screened. The number of children screened may be adjusted depending upon the priority population.

The State aid allocation per screening unit is \$8,330 and is to be directed to covering the cost associated with screening children for emotional disturbance. Screening time can either be pooled together across clusters to create the capacity for a half or full-time screener OR can be combined with direct clinic treatment time.

1 Screening Unit = Ideal of 1,000 Children Screened = \$8,330

Distribution of Clinic-Plus by Priority Population:

12 screening units will be allocated to Clinic-Plus Programs through School based services (\$99,960)

Applicants will respond within the following parameters:

1. Target populations:
 - a. Elementary, Middle or High School Students attending public schools primarily within the City of Buffalo including the Closing the Gap Schools, the Alternative School and School 44. Other schools will be included following consultation with the central administration of the Buffalo Public Schools and following consultation with Erie BOCES I. Priority will be given to schools identified by administration as having a significant number of students suspected to be experiencing a serious emotional disturbance or behavioral disorder.
 - b. Children attending Charter and Parochial schools with unique cultural (i.e. religious, cultural norms and expectations, language, etc.) characteristics. Given the smaller scale of these schools, each Clinic-Plus program focusing on this target population will collaborate with a school or cluster of schools.
2. Providers are required to establish routine, broad-based mental health screening in each of the schools, using active parental consent.
3. The actual number of children screened will be identified by the provider based upon the specific situation presented within their school/community locations and is subject to the approval of Erie County Department of Mental Health. Considerations include response rate for screening consent, timeframes to build awareness and support for screening at the school and with parents and the timeframe for development of expanded clinic capacity after screening.
4. Capacity for clinic treatment will significantly expand under Clinic-Plus. The provider may establish an on-site treatment capacity in each of the schools. The specific hours and capacity should be detailed in the RFP response.
5. The provider will need to specify in their response, the locations both in schools and in community sites (i.e. home office or satellites) where services will be available.
6. A signed letter of agreement with the schools should be submitted with your RFP response. This will describe the roles and responsibilities of the collaborators.

Specifically, how the Clinic-Plus program will implement routine broad-based screening, what the process for children screened and determined to be in need of assessment will be, how referrals of children recommended by the school for evaluation or treatment will be handled, while unlikely, how emergent situations will be handled and how mental health services will collaborate with the school.

Children Entering Preventive and Protective Services:

3 screening units will be allocated to Clinic-Plus Programs (\$24,990)

Target population:

1. Children participating in the intake process for DSS Preventive or Protective Services within the specified areas or zip codes with the highest rates of foster care placement. Services may occur at specified community-based preventive service agencies.
2. Clinic-Plus Programs working with preventive or protective services children will be comprised of 3 screening units. This equates to approximately \$25,000. Screening time can either be pooled together across clusters to create the capacity for a half or full-time screener OR can be combined with direct clinic treatment time.
3. Providers are required to establish routine, broad-based mental health screening at each site. The Pediatric Symptom Checklist (PSC) is a recommended tool for this population by the New York State Office of Mental Health as it can be completed by the parent and returned confidentially to the screening agency. For children in the 0-5 year age group, alternative tools are recommended. Information regarding screening instruments can be found in Appendix B of the Guidance Document for Child and Family Clinic-Plus.
4. The actual number of children screened will be identified by the provider based upon the specific situation presented within the community. Considerations include response rate for screening consent, timeframes to build awareness and the timeframe for development of expanded clinic capacity post-screening.
5. Capacity for clinic treatment will significantly expand under Clinic-Plus. The provider may establish an on-site treatment capacity at the collaborating preventive service agency. The specific hours and capacity should be detailed in the RFP response to the extent possible.
6. The provider will need to specify in their response, the locations within the preventive service agency and in community sites (i.e. home office and satellites) where services will be available.
7. A signed letter of agreement with the preventive services agency should be submitted with your RFP response. This will describe the roles and responsibilities of the collaborators. Specifically, how the Clinic-Plus program will implement routine

broad-based screening, what the process for children screened and determined to be in need of assessment will be, how referrals of children recommended by the preventive agency for evaluation or treatment will be handled and how mental health services will collaborate with the agency.

Early Childhood Education – Child Care – Head Start:

3 screening units will be allocated to Clinic-Plus Programs (\$24,990)

Target population:

1. Young children between the ages of 0-5 in center-based child care and Head Start programs in identified priority areas. The priority areas are neighborhoods with high rates of health disparities for mothers and their young children.
2. Specific center based day care and head start programs that are eligible to be included in a bid are identified by zip code.
3. Clinic-Plus Programs working with early childhood programs in priority areas may be comprised of a varying range of partial screening units. The response must be in full units. Screening time can be combined with direct clinic treatment time.
4. The response to this RFP must have a signed letter of agreement with the child care and Head Start programs that outlines the roles and responsibilities of the collaborators. Specifically, how the Clinic-Plus program will implement routine broad-based screening, what the process for children screened and determined to be in need of assessment will be, how referrals of children recommended by parents or the agency for evaluation or treatment will be handled, as well as defining the elements of collaboration that are brought to the table by the day care and head start program and by mental health i.e. the Agency will provide adequate space, procedures regarding confidentiality and sharing of information. This could include how the mental health provider will build on and strengthen existing services.
5. Capacity for clinic treatment will significantly expand under Clinic-Plus. The provider may establish an on-site treatment capacity in each of the day care or head start agencies. The specific hours and capacity should be detailed in the RFP response.
6. The provider will need to specify in their response, the locations (i.e. home base or satellites) where services will be available.
7. The Child and Family Clinic-Plus provider should:
 - a. Have knowledge and experience providing services to children under five, as well as expertise in working with the early childhood system and its service providers. This expertise may be obtained through collaboration or contract.
 - b. Have experience providing mental health services to the target population or working with mental health providers on behalf of the target population.

- c. Have knowledge of child developmental milestones; what constitutes atypical behavior in infants, toddlers and preschoolers; and an understanding of the concepts underlying young children's social and emotional development (such as attachment, separation, and the importance of relationships with the parent/caregiver).
 - d. Provide consultation and community education to sites where screening occurs pertaining to emotional wellness, mental health screening and describing what mental health treatment would look like and how child care staff may be involved.
- 8. The Clinic-Plus provider should document their plan for introducing the concepts of emotional wellness and screening to site directors, staff and parents.
- 9. The Clinic-Plus provider should document their plan to refer children under the age of three who have speech, language, fine motor or gross motor delays as well as social emotional delays, and meet the threshold for early intervention services to the Early Intervention Program in accordance with the regulations of Early Intervention Services. The Provider should also include a plan for ensuring access to mental health treatment on a short-term basis to children referred to Early Intervention (EI) or the Committee on Preschool Special Education (CPSE) until services commence; offer consultation after services commence.
- 10. The Clinic Plus provider should document their plan for ensuring that age appropriate treatment is available for those screened. This would include:
 - a. Providing relationship-based interventions and individual treatment services when indicated, to families in the child or caregiver's natural environment.
 - b. Developing and implementing strength-based, individualized treatment plans with parents/caregivers.
 - c. Providing treatment for children that do not meet the criteria for EI / CPSE, yet would benefit from mental health treatment.
- 11. Screening children ages 0-5 will require extensive knowledge of the Early Intervention (EI) referral and service network. The provider should detail in the RFP response their decision matrix for referring to EI versus the Clinic-Plus program as well as their care coordination plan with EI for children screened to ensure that Clinic-Plus does not duplicate EI screening functions.

Eligible Applicants

To be eligible for designation as a *Child and Family Clinic-Plus* program, a provider must be a current licensed OMH outpatient mental health clinic provider for children and youth (Article 28 or 31). The provider must be a not-for-profit agency to be eligible to receive State Aid and be in good standing to be considered for designation. Interested applicants should refer to the OMH website at www.omh.state.ny.us for the **Guidance Document for Child and Family Clinic-Plus** for assistance in the proposal process. In addition, Article 31 applicants must currently be a part of or apply for the Clinic Quality Improvement Initiative under the OMH.

Every Child and Family Based Clinic-Plus must agree to improve quality and express this commitment through the development and implementation of a continuous quality improvement program in accordance with guidelines established by the OMH. Each clinic must collaboratively develop a process to systematically monitor, analyze, and improve its performance in assisting children and families in meeting their treatment outcomes. This will include the development of a Quality Improvement Plan consistent with the mission and values of Clinic-Plus. For those clinics already enrolled in the OMH CQI Clinic initiative, year two and three deliverables shall clearly reflect Clinic-Plus involvement, i.e., the selection of indicators in accordance with Clinic-Plus values, the collection of satisfaction data relevant to Clinic-Plus principles, and the annual evaluation reflective of Clinic-Plus objectives.

Timelines and Submission Requirements

All responders to the Erie County Child and Family Clinic-Plus RFP must submit an original and twelve (12) copies of the full response no later than 4:00pm on **September 20, 2006** to the Erie County Department of Mental Health located in Room 1237 of the Edward A. Rath County Office Building, 95 Franklin Street, Buffalo, NY 14202.

All RFP's will be reviewed and scored by an integrated review committee consisting of staff from the Buffalo Board of Education, Erie County Departments of Mental Health and Social Services and constituent family members.

All responders to the RFP will be notified of the review committee's decisions by October 2, 2006.

If notified of an approval, all such responders must be able to begin operations effective November 1, 2006.

Child and Family Clinic-Plus Designation

Applicants must agree and have the ability to adhere to all requirements outlined in the Guidance Document for Child and Family Clinic-Plus, including, but not limited to:

- Conducting outreach and community education sessions
- Identifying where screening will take place
- Receiving written consent from administration of screening location
- Identifying how screening will take place – develop protocols
- Choosing valid screening tool
- Disseminating and collecting consent forms
- Adhering to parental notification timelines
- Establishing a phone number for questions related to screening
- Be responsive to the language and sensory needs of children and families served
- Developing a plan for child and family engagement
- Conducting youth and family satisfaction surveys

- Identifying evidenced based tools for assessments
- Ensuring cultural congruence in screening, assessment and treatment
- Complete quarterly service reports on an aggregate basis and to complete an annual report demonstrating the qualitative impact of the program
- Completing the Child and Adolescent Needs and Strengths for all admissions and discharges
- Creating and implementing an ongoing professional development plan
- Identifying and utilizing Evidenced Based Treatment approaches
- Creating and implementing a Quality Improvement Plan
- Completing quarterly reports and annual plan

Proposal Submission Requirements

Applicants will be required to submit a proposal in the form of a 2006-2007 Annual Plan to request designation as a ***Child and Family Clinic-Plus*** provider of services. In addition to the Annual Plan narrative, applicants will also need to complete the supplemental forms in Appendix A. The Annual Plan and supplemental forms will serve as the provider's Prior Approval Review (PAR) application for the expansion of their clinic capacity for those providers selected for Clinic-Plus designation. These forms are available at the New York State Office of Mental Health website: www.omh.state.ny.us.

Proposal Components as listed on the OMH Website

I. Early Recognition Activities - Community Education and Screening

The application must describe in detail:

1. What is the population to be targeted for screening?
2. What is the annual number you project will be screened?
3. How and to whom will you target your Community Education efforts to facilitate this screening process and what will be included in your community education efforts?
4. Identify strategies that will be used to address the language assistance needs (interpretation and translation) for those with limited English proficiency or sensory impairments?
5. What is your plan for dissemination and collection of the consent forms?
6. How do you plan to implement screening, where, and who will be conducting the screenings (include their required qualifications and experience)?
7. What are the screening instruments that will be used?
8. How and when will parents be notified of results and who will conduct the follow-up activities (e.g. letters, calls)?
9. How will parents be able to contact the Clinic-Plus provider for questions or to follow-up, who will respond to their questions, and how will you assure accessibility and a timely response; and

10. How do you plan to collaborate with the Erie County Department of Mental Health and the local community, including coordinating activities and services with other Clinic-Plus providers?
11. Establishing a protocol for referral for recommended service provision if mental health services are not indicated.
12. Each RFP response must include a signed letter of support from the locations where screening will occur. (i.e. schools, early childhood, preventive service agency).

II. Child and Family Engagement

Child and Family engagement in screening and service provision is an ongoing process and critical to ensuring that families follow-up with and receive needed services.

Describe in detail:

1. What Community Education strategies will be employed during the screening process to inform parents about the benefits of screening and encourage them to consent to participate?
2. Identify strategies that will be used to address the language assistance needs (interpretation and translation) for those with limited English proficiency or sensory impairments.
3. What strategies will be used to ensure parents whose children require a comprehensive assessment will seek assessment services through Clinic-Plus?
4. What engagement approaches will be utilized to ensure families continue through the sometimes lengthy evaluation process without being discouraged?
5. What strategies, techniques, or persons will you employ to encourage families follow through with treatment recommendations and/or referrals?
6. How will you ensure that a strengths-based approach to assessment and treatment planning so that families are true partners in the process?
7. Briefly, what experience do you have providing satisfaction surveys to youth and their families and/or how do you propose to conduct youth and family surveys?

III. Comprehensive Assessments

Comprehensive Assessments should be evidenced-based, scientifically oriented, strength based and family focused. Explain in detail:

1. What is the total annual number of comprehensive assessments you plan to complete? Number of Medicaid? Number of Non-Medicaid?
2. How do you plan on making comprehensive assessments readily accessible and convenient for children and their families?
3. Identify strategies that will be used to address the language assistance needs (interpretation and translation) for those with limited English proficiency or sensory impairments;
4. Describe efforts to ensure that the strategies used are a cultural match or are culturally congruent to the identified target population;

5. What elements will be included in the comprehensive assessment and what staff will conduct the comprehensive assessments (include their required qualifications and experience);
6. What diagnostic and psychometric assessments, tool and/or scales will be used for the comprehensive assessments (this includes any instrument that may be used at any time, but does not assume it will be used with every client);
7. What staff will be meeting with parents to make treatment recommendations and referrals (include their required qualifications and experience) and what follow-up activities will be conducted to assure families receive the services they requested?
8. Include your understanding and commitment to collecting and submitting quarterly service reports on an aggregate basis and to complete an annual report demonstrating the qualitative impact of the program.

IV. Admissions and Treatment

Some of the children screened and provided with a comprehensive assessment will be admitted to the *Child and Family Clinic-Plus* program, such individuals should receive evidenced-based treatment and effective service provision. Illustrate:

1. What is the annual projected increase in admissions?
2. On average, what you project your annual increase in visits to be?
3. How do you plan on assuring accessibility and timeliness of treatment given these increases?
4. How do you plan to respond to requests from families for services, that you might not currently offer?
5. What is your plan for staff development activities, which may include: outside trainings and conferences, in-service trainings, case reviews and consultations, clinical supervision, etc; who participates; how often;
6. How do you plan to provide access to treatments that are proven by science to work?
7. Describe efforts to ensure that the strategies used are a cultural match or are culturally congruent to the identified target population;
8. Include your understanding and commitment to utilizing the CANS (Child and Adolescent Strengths and Needs) survey for baseline and termination status of clients and the need for staff certification to complete the instrument.
9. Include your understanding and commitment to collect and submit in a timely manner all service reporting requirements on a quarterly basis to OMH.

V. In-Home Services

In-home, hands-on learning for children and their families is essential for reinforcing skill building or behavior management techniques learned in office-based therapy. These services are not intended to be case management.

1. What is the total annual projected number of in-home services you plan to provide? Number of Medicaid; Number of Non-Medicaid;

2. Identify strategies that will be used to address the language assistance needs (interpretation and translation) for those with limited English proficiency or sensory impairments;
3. Describe efforts to ensure that the strategies used are a cultural match or are culturally congruent to the identified target population;
4. At what level do you currently provide in-home services and how do you plan on providing (additional) in-home services; what impact do you anticipate in-home services will have in your program, e.g. hours of operation;
5. Who will be providing in-home services, e.g. the client's primary therapist, a specialized staff, etc. and how will you ensure their competency in working with families and worker safety in the community?

VI. Cultural Competence

The children to be served by this service initiative come from diverse cultural and socioeconomic backgrounds. Unfortunately the current workforce within our system of care does not always reflect the diversity of the families served; and in numerous cases, this disparity has created problems in both the process of engagement and ultimately the effectiveness of services toward achieving valued outcomes. In the Department of Mental Health's review of the literature regarding Disproportionate Minority Representation (DMR), it became apparent that communities that have achieved success in addressing these DMR challenges focused their energies on the following three areas:

- The development and implementation of a comprehensive cultural competency plan that in an integrated manner impacts on policy, administration and service provision against measurable objectives to support and sustain culturally relevant and appropriate services;
- Recruiting and retaining a workforce whose cultural, linguistic and ethnic diversity reflect the families to be served and the communities that they live in; and
- Building and sustaining a community presence and developing relationships valued by the communities in which the families reside;

Please address how your agency addresses each of these areas. You may attach the agency's cultural competency plan and a current evaluation outline the agency's ability to achieve the goals outlined in the plan. If all goals have not been achieved, please include the agency's plan of corrective action with specific due dates and milestones.

VII. Outcomes that Impact Daily Practice

Systems of Care have often been criticized for not having a positive impact on the clinical functioning of the child and family. Please provide at least two examples in which your agency has changed its daily practice as a result of implementing an evidenced-based practice and/or a strategy that was developed in response to changes in

the identified needs of children, youth and families that sought services. Identify the change in practice and how these changes have impacted agency operations.

VIII. Implementation

Please provide a detailed implementation plan that is consistent with the timeframes identified in the Child and Family Clinic-Plus from Community Education to the implementation of in-home services. This must address each of the following:

- Overall Implementation:
 - Outline timelines and milestones associated with the implementation of the program;
 - Describe agency readiness and ability to implement and staff the program against the above implementation time frame; and,
 - Give specific examples (including the achievement of critical milestones within specific timeframes) of timely implementation and the ramping up of new programs within your Agency; and,
- Expansion of Treatment Capacity: Provide specific service utilization management, flexible deployment of staff and revenue generation strategies that your Agency will utilize to expand capacity sufficiently to address your projected annual increase in Treatment Admissions. Please specifically identify the fiscal and service assumptions utilized to develop these strategies for expanding treatment capacity.

Please note that implementation of the Early Recognition Activities - Community Education and Screening activities must begin by November 1, 2006 so planning and hiring decisions must be made in early October. Given the timeframes required, it is expected that some of these “pre-operational functions” will be fulfilled by existing agency personnel.

IX. Budget and Staffing Narrative

After completing the web-based *Child and Family Clinic-Plus Fiscal Worksheet*, applicants must complete the following (Appendix A):

- Attachment 1 - *Child and Family Clinic-Plus RFP Budget Worksheet*
- Attachment 2 - *Child and Family Clinic-Plus Staffing Summary*
- Attachment 3 - *Child and Family Clinic-Plus Budget Narrative*

Evaluation and Selection of Proposals

Proposals that meet the eligibility criteria will be reviewed and rated based upon the following criteria:

I. Early Recognition Activities - Community Education and Screening (20 POINTS)

- II. Child and Family Engagement (20 POINTS)**
- III. Comprehensive Assessments (10 POINTS)**
- IV. Admissions and Treatment (15 POINTS)**
- V. In-Home Services (10 POINTS)**
- VI. Cultural Competence (20 POINTS)**
- VII. Outcomes that Impact Daily Practice (20 POINTS)**
- VIII. Timeframes and Milestones (20 POINTS)**
- IX. Staffing and Budget Narrative (20 POINTS)**

Any incomplete or missing information may result in the disapproval of your application or a deduction of points during the RFP scoring process.

Unless explicitly stated in the proposal, the County shall assume that all Proposals are in full compliance with all specifications, without exception.

- a. All items that are in the proposal that are not in full compliance or that vary from any of the specifications shall be clearly defined as exception. Specific reference to the relevant section(s) in the specifications and the precise nature of the variance or non-compliance shall be clearly stated in the proposals;
- b. The County reserve the right to accept any and/or all/none of the exception(s), substitutions(s) deemed to be in the interest of the Family's and the County; and,
- c. Non-compliance or variance with any items in the specifications shall not necessarily result in the rejection of a proposal.

Terms and Conditions

The Department of Mental Health shall not be held liable for any costs incurred by the vendor agency for work performed in the preparation and production of the RFP or for any work performed prior to the issuance of a contract. In addition, the following may apply or be required:

- All proposals are open to negotiation until a contract is executed;
- No award or acquisition can be made until authorized officials of the County approve such action. The County will not be obligated to the vendor for products or services until authorized County officials have signed the contract. At a future date, there may be opportunities to expand the capacity and/or scope of this project through additional funding streams that could be Mental Health, Social Services and/or Juvenile Justice. The approved vendor must be prepared to meet additional requirements of such funding streams;

- To the extent permitted by law, vendors may request in writing non-disclosure of confidential data. Such data needs must be clearly identified within the submitted proposal package;
- Other Administrative Requirements:
 - A Memorandum of Understanding between County Departments and your Agency to delineate procedural and performance expectations of the Intensive Community Services for Juvenile Justice Populations;
 - Memorandum of Understanding and/or Contracts with other Agency Partners;
 - Program and budgetary sections to the Erie County Department of Mental Health Contract supporting the service components of this initiative;
 - Development of Agency Procedures that define in operational terms the Service Delivery Model being utilized and the integration of wraparound values and practice; and,

To the extent permitted by law, vendors may request in writing non-disclosure of confidential data. Such data needs must be clearly identified within the submitted proposal package.

Appendix A: RFP Response – Supplemental Forms

Cover Sheet must include:

Identification of Applicant

Identification of Contact Person

Name and Title of Applicant

Name and Title of Contact Person

Address

No. & Street

City, State Zip Code

County

Address of Contact Person

No. & Street

City, State Zip Code

Legal Name of Applicant (If different from above)

Phone Number of Contact Person

() - X

Phone Number of Applicant

() - X

Fax Number of Contact Person

() -

Medicaid Provider Number (if any)

Email Address of Contact Person

@

Fax Number of Applicant

() -

Email Address of Applicant

@

Signature of Agency Lead

Print Name and Title

Signature Date

Signature of Agency Contact Person

Print Name and Title

Signature Date

Impact on Clinic Space I**Expand Existing Program**

at primary program site, at existing satellite location(s), establish new satellite location(s), other (specify)

Name of Primary Program or Satellite Operating Certificate #

Expiration Date

Address of New Satellite (if known)

Current Capacity

Proposed Capacity

Operating Days and Hours at Expanded Site Counties to be served by Expanded Program

Attachments:

Describe the impact of Child and Family Clinic-Plus on the current space used by the primary clinic and/or the satellite clinic location.

If additional space will be utilized, submit the space utilization plan for the site, including a sketch of the clinic floor plan, room dimensions, use of rooms, and identification of new space.

Impact on Clinic Space II**Change in Location** primary program site, satellite site, other (specify)

Name of Primary Program or Satellite Operating Certificate #

Expiration Date

Address of New Satellite (if known)

Current Capacity

Proposed Capacity

Operating Days and Hours at Expanded Site Counties to be Served by Expanded Program

Attachments:

Submit a space utilization plan for the new site, including a sketch of the floor plan, room, dimensions, and use of rooms.

Submit a Certificate of Occupancy (or equivalent) for the new site.